DISTRICT OF COLUMBIA
(Washington, D.C.)

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Substance Use Disorder (SUD): The District regulates the following ASAM Level III facilities:

- *Level 3.1 Clinically Managed Low-Intensity Residential*: A residential program that shall provide a minimum of five hours of substance abuse treatment services per week for a period of up to 90 days. Level 3.1 Clinically Managed Low-Intensity Residential is the appropriate level of care for individuals who are assessed as meeting the ASAM criteria for Level 3.1 and: (a) Are employed, in school, in pre-vocational programs, actively seeking employment, or involved in structured day program; (b) Recognize their SUD and are committed to recovery or are in the early stages of change and not yet ready to commit to full recovery but need a stable supportive living environment to support their treatment or recovery; and (c) May have a stable co-occurring physical or mental illness. Level 3.1 Clinically Managed Low-Intensity Residential generally lasts 90 days.

- *Level 3.3 Clinically Managed Population-Specific High-Intensity Residential*: Shall provide no less than 20 hours of treatment per week for a period of up to 90 days. Level 3.3 providers must also be certified as a mental health provider by the Department or have a psychiatrist on staff. Level 3.3 Clinically Managed Population-Specific High-Intensity Residential, also referred to as Extended or Long-term Care, is the appropriate LOC for individuals who are assessed as meeting the ASAM criteria for Level 3.3, need a stable supportive living environment to support their treatment or recovery and: (a) Have co-occurring or other issues that have led to temporary or permanent cognitive impairments and would benefit from slower-paced repetitive treatment; or (b) Have unstable medical or psychiatric co-occurring conditions. Level 3.3 Clinically Managed Population-Specific High-Intensity Residential generally last up to 90 days.

- *Level 3.5*: A residential program that generally provides 25 hours of treatment services per week for a period of up to 28 days. Level 3.5 providers shall provide no less than 20 hours of treatment services per week. Level 3.5 is the appropriate level of care for individuals who are assessed as meeting the ASAM placement criteria for Level 3.5, need a 24-hour supportive treatment environment to initiate or continue their recovery process and: (a) Have co-occurring or severe social/interpersonal impairments due to substance

use; or (b) Significant interaction with the criminal justice system due to substance use. Level 3.5 generally lasts up to 28 days.

- *Level 3.7 withdrawal Management*: Short-term medically monitored intensive withdrawal management. For providers under a Human Care Agreement with the Department, services shall not exceed 5 days absent prior authorization and may not exceed 10 days.

Unregulated Facilities: Adult residential MH treatment facilities were not located and state staff confirm that none presently exist. The District's Section 1115 waiver guarantees that, if any residential providers wish to provide MH services to those with serious mental illness, the District will license them.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): The District's Department of Behavioral Health (DBH) oversees licensing and certification for all residential SUD treatment facilities.

Processes of Licensure or Certification and Accreditation

Substance Use Disorder (SUD): Certification by DBH is required for operation of all substance use treatment levels. Certification duration is one year for new applicants and two years for existing providers, at which time a renewal application is required. An inspection is required for certification and renewal.

- If a provider provides MAT treatment, accreditation by SAMHSA is required for operation. Accreditation by one or more national accrediting bodies is also recognized as compliance with some compliance standards and confers deemed status upon the provider. Oversight of the service is provided by the State Opioid Treatment Authority (SOTA) within DBH.

- A Certificate of Need is not required.

Cause-Based Monitoring

Substance Use Disorder (SUD): Evidence of violations gathered from an on-site survey, complaint, or other information may lead to the issuance of a Statement of Deficiency (SOD), although an on-site survey is not required prior to the issuance of an SOD. The SOD shall describe the areas of non-compliance, suggest actions needed to bring operations into compliance with the certification standards, and set forth a timeframe for the provider's submission of a written Corrective Action Plan (CAP).

Access Requirements

Substance Use Disorder (SUD): For all substance use treatment levels, in-office waiting time shall be less than one hour from the scheduled appointment time. No other requirements relating to access were found specific to residential treatment.

Staffing

Substance Use Disorder (SUD): All substance use treatment levels must hire personnel with the necessary qualifications in order to provide SUD treatment and recovery services and to meet the needs of its enrolled clients; and, for SUD treatment, employ Qualified Practitioners to ensure provision of services as appropriate and in accordance with this chapter. Regulations include requirements for a full-time program director responsible for the administrative direction and day-to-day operation of the program, and a clinical director responsible for the clinical direction and day-to-day delivery of clinical services. The clinical director must be a licensed clinician.

Providers must establish and adhere to a training policy, and staff must have annual training that meets the Occupational Safety & Health Administration (OSHA) regulations that govern behavioral health facilities and any other applicable infection control guidelines, including information on the use of universal precautions and on reducing exposure to hepatitis, tuberculosis, and HIV/AIDS. A program shall maintain and implement a written plan for staff development that includes staff orientation and in-service training requirements.

A treatment program shall have at least two staff persons, trained and certified by a nationally recognized authority that meets OSHA guidelines for basic first aid and cardiopulmonary resuscitation (CPR), present at all times during the hours of operation of the program. SUD recovery programs must have at least one staff person trained and certified by a recognized authority that meets OSHA guidelines in basic first aid and CPR present at all times during the hours of operation of the program.

Level 3.7 facilities must have a physician on staff able to respond within one hour. They must have medical staff (MD, PA, APRN, or RN) on duty 24 hours a day, seven days a week. Medical staff must have a staffing ratio of 12-1 during daytime hours, 17-1 during evening hours, and 25-1 during the night shift.

Placement

Substance Use Disorder (SUD): For all residential treatment programs, adherence to ASAM is required, including regarding initial and ongoing assessment requirements. An Initial

Assessment must occur at admission, and a Comprehensive Assessment must occur within 7 calendar days from admission. Initial, Comprehensive, Ongoing, and Brief assessments shall be performed by the following Qualified Practitioners, as evidenced by signature and dates on the assessment document and the treatment plan and in accordance with additional provisions of this section: (a) Qualified Physicians; (b) Psychologists; (c) Licensed Independent Clinical Social Workers ("LICSWs"); (d) Licensed Graduate Professional Counselors ("LGPCs") (only for providers not operating under a Human Care Agreement); (d) Licensed Graduate Social Workers ("LGSWs"); (e) Licensed Professional Counselors ("LPCs"); (f) Licensed Marriage and Family Therapists ("LMFTs"); (g) APRNs; (h) Certified Addiction Counselors II ("CAC IIs") (may not diagnose); or CAC Is (may not diagnose).

The comprehensive assessment will document the client's strengths, resources, mental status, identified problems, current symptoms as outlined in the DSM, and recovery support service needs. Additionally, a drug screening is required to be performed at admission.

Level 3.7-WM service is for sufficiently severe signs and symptoms of withdrawal such that medical monitoring and nursing care are required but hospitalization is not indicated. For providers under a Human Care Agreement with the Department, discharge must be directly to a Level 3 residential program, unless certain conditions are met.

Treatment and Discharge Planning and Aftercare Services

Substance Use Disorder (SUD): Treatment/service planning requirements are indicated for all residential treatment programs. An Ongoing Assessment occurs at regularly scheduled intervals, depending on the level of care. Discharge planning should be performed, and at a minimum, all client records shall include the discharge summary and an aftercare plan. There shall be activities with, or on behalf of, an individual to arrange for appropriate follow-up care to sustain recovery after being discharged from a program, including educating the individual on how to access or reinitiate additional services, as needed.

Treatment Services

Substance Use Disorder (SUD): For all residential treatment programs, Medication Assisted Treatment (MAT) can be offered and a client who receives MAT must also receive SUD Counseling. Use of this service should be in accordance with ASAM service guidelines and practice guidelines issued by the Department. Individuals appropriate for MAT must have a SUD that is appropriately treated with a MAT in accordance with Federal regulations. MAT providers must ensure that individuals receiving MAT understand and provide written informed consent to the specific medication administered. No person under 18 years of age may be admitted to MAT unless a parent or legal guardian consents in writing to such treatment. MAT may be administered on an in-office basis or as take-home regimen. Both MAT administrations include

the unit of medication and therapeutic guidance. For clients receiving a take-home regimen, therapeutic guidance must include additional guidance related to storage and self-administration. MAT providers must comply with all Department policies concerning MAT. Therapeutic guidance provided during MAT shall include: (a) safeguarding medications; (b) Possible side-effects and interaction with other medications; (c) Impact of missing doses; (d) Monitoring for withdrawal symptoms and other adverse reactions; and (e) Appearance of medication and method of ingestion. Providers shall have medical staff (MD, PA, APRN, or RN) on duty during all clinic hours. A physician shall be available on call during all clinic hours, if not present on site. A physician must evaluate the client a minimum of once per month for the first year that a client receives MAT and a minimum of every six months thereafter, in coordination with the treatment plan and as needed. A provider must review the results of a client's physical, which has been completed within the past 12 months, prior to prescribing or renewing a prescription for MAT.

Level 3.7 facilities must include the following services in accordance with ASAM guidelines as clinically appropriate: medication management, clinical care coordination, medication-assisted treatment, crisis intervention, case management, SUD counseling, and comprehensive assessment/diagnostic.

Patient Rights and Safety Standards

For all residential treatment programs, allegations of ethical violations must be treated as major unusual incidents. Each program shall develop and document policies and procedures subject to review by the Department that detail safety precautions and procedures for participant volunteers, employees, and others; record management procedures; clients' rules of conduct and commitment to treatment regimen; clients' rights; addressing and investigating major unusual incidents; addressing client grievances; and addressing issues of client non-compliance with established treatment regimen and/or violation of program policies and requirements.

A program shall protect the rights and privileges of each clients and shall develop and implement written grievance procedures to ensure a prompt, impartial review of any alleged or apparent incident of violation of rights or confidentiality.

Quality Assurance or Improvement

Each provider shall establish and adhere to policies and procedures governing quality improvement. The Quality Improvement Policy shall require the provider to adopt a written quality improvement (QI) plan describing the objectives and scope of its QI program and requiring provider staff, client, and family involvement in the QI program. The Department shall review and approve each provider's QI program at a minimum as part of the certification and

recertification process. When a significant problem or quality of service issue is identified, the program shall notify the Department, act to correct the problem or improve the effectiveness of service delivery, or both, and shall assess corrective or supportive actions through continued monitoring.

Governance

Each provider shall have a governing body, which shall have overall responsibility for the functioning of the provider.

Special Populations

Substance Use Disorder (SUD): If a program provides SUD treatment services to parents and their children, the provider shall specify in its certification application the age range of the children that will be accepted in the program of parents with children, and ensure that it satisfies all applicable laws and regulations governing care for children. The Department will ensure that children shall be supervised at all times. Programs shall ensure that parents designate an alternate caretaker who is not in the program to care for the children in case of emergency. Programs serving parents and young children shall also serve pregnant women. Programs shall ensure all parents and children are connected to a primary care provider and any other needed specialized medical provider and shall facilitate medical appointments and treatment for parents and children in the program, and ensure that childcare/daycare is available for children, provided while the parent participates in treatment services either directly or through contractual or other affiliation.

Programs that serve parents with children shall ensure that school-age children are in regular attendance at a public, independent, private, or parochial school, or in private instruction. Programs must support the parent's engagement with the child's school and ensure that children have access to tutoring programs.

Before a parent and child can be admitted to a program serving parents and children, the program shall ensure that it has a copy of the child's immunization records, which must be up to date. All services delivery staff shall receive periodic training regarding therapeutic issues relevant to parents and children. At least two times per year, the program shall provide or arrange training on each of the following topics: (a) Child development; and (b) The appropriate care and stimulation of infants, including drug-affected newborn infants.

Additionally, people with HIV, STDs or other infectious diseases and people with co-occurring mental illnesses should not be denied services. In addition to SUD services, a provider shall do the following: (a) Offer the opportunity for the person to receive mental illness treatment in addition to SUD treatment. If the person declines, the provider shall make the appropriate

referrals for the person to receive mental health treatment at another qualified provider; (b) If the provider does not offer treatment for mental illness ensure the person is referred to an appropriate mental health provider; or (c) If an individual that screens positive for a co-occurring mental illness receives mental health treatment at another provider, the Clinical Care Coordinator is responsible for ensuring the treatment plan and subsequent care and treatment of the person is coordinated with the mental health provider.

Location of Regulatory and Licensing Requirements

Substance Use Regulations[1]; Behavioral Health Transformation Section 1115 waiver implementation plans[2]. Regulatory data collected August 27, 2019.

Other Information Sources

T. Spencer (DBH), B. Gladden (DBH), C. Phillips (DBH), S. Kelly-Long (DBH); National Conference of State Legislatures CON Program Overview, http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx

[1] See https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/Chapter%2063%20Title%2022-A%2062%2037%20DCR%20012056.PDF.

[2] See https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/dc/behavioral-health-transformation/dc-behavioral-health-transformation-smi-sud-implementation-plans-12192019.pdf.

DISTRICT OF COLUMBIA MEDICAID

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Approach

The Department of Health Care Finance (DHCF) oversees the District Medicaid program. DC also has a Section 1115 waiver permitting Medicaid expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for substance use disorder (SUD) who are short-term residents in facilities that meet the definition of an institution for mental diseases (IMD), including residential treatment. Additionally, the District's Section 1115 waiver guarantees that, if any residential providers wish to provide mental health services to those with serious mental illness, the District will license them. The District of Columbia does rely on the in lieu of provision and Disproportionate Share Hospital (DSH) payments to reimburse some services in IMDs.

Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD):

- *Transition Planning Services*: Upon approval of the waiver implementation plan, Medicaid will reimburse discharge planning and facilitation of transitions of care for individuals leaving institutional treatment settings by providers of lower levels of care. Transition planning services consist of up to eight (8) hours per individual for services provided within thirty (30) days prior to an individual being discharged.

Mental Health (MH):

- *Psychiatric Residential Treatment Services*: Pursuant to the Section 1115 waiver, Psychiatric Residential Treatment Services are intensive services offered in a non-hospital setting for individuals over the age of 21 who have been diagnosed with a serious mental illness (SMI). The goal of these services is to stabilize or improve a psychiatric condition until an individual's symptoms can be managed in a community setting. The District will provide services for a targeted statewide average length of stay of thirty (30) days in residential treatment settings. Reimbursement for long-term residential stays (longer than sixty (60) days) and forensic IMD stays will not be provided under this demonstration.

- *Comprehensive Psychiatric Emergency Program (CPEP)*: CPEP provides 24 hours, 7 days a week emergency psychiatric assessment and treatment to individuals who present on involuntary and voluntary status. The duration of treatment for Psychiatric Emergency Services is up to 72 hours.

- *Psychiatric Residential Crisis Stabilization Services (PRCSS)*: Upon approval of the waiver implementation plan, Medicaid will reimburse for PRCSS, which is a residential treatment alternative to psychiatric inpatient hospitalization for individuals in need of support to ameliorate psychiatric symptoms.

Substance Use Disorder (SUD):

- *Residential SUD Treatment Services*: Pursuant to the waiver, these services will be delivered to residents of a residential care setting, including facilities that meet the definition of an IMD, are provided to the District's Medicaid recipients with a SUD diagnosis when determined to be medically necessary and in accordance with an individualized plan of care. Residential treatment services are services provided to an individual residing in a District-certified facility that has been enrolled as a Medicaid provider and assessed as delivering care consistent with ASAM or other nationally recognized, SUD-specific program standards for residential treatment facilities.

- Medication-assisted treatment also may be provided in an IMD under the waiver.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): Enrollment as a provider is required for reimbursement by the District Medicaid program. DHCF shall revalidate relevant Medicaid providers every five years.

Mental Health (MH): Participating residential treatment providers must be licensed, or otherwise authorized, by the state to primarily provide treatment for mental illnesses. They must also be accredited by a nationally recognized accreditation entity prior to the state claiming FFP for services provided to beneficiaries residing in a facility that meets the definition of an IMD.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): Upon approval of the waiver implementation plan, for Transition Planning Services, services are furnished by any District-certified provider qualified to provide Mental Health Rehabilitative Services, Adult Substance

Abuse Rehabilitative Services, or other behavioral health services allowable under the State Plan that are authorized under District law and rulemaking to provide transition services.

Mental Health (MH): Upon approval of the waiver implementation plan, for Psychiatric Residential Treatment Services, the District has defined the allowable providers of Out-of-District provider psychiatric residential treatment services, who must be authorized and licensed to provide services under District law and regulations and the state in which services are offered. For in-District providers, services must be furnished by a District-certified Psychiatric Residential Treatment Service provider. Qualified provider staff include clinicians licensed in accordance with applicable District laws and regulations operating within scope of their license, including psychiatrists, psychologists, advanced practice registered nurses (APRNs), and other qualified practitioners authorized under District regulations. All services are provided under the direction of a psychiatrist.

Upon approval of the waiver implementation plan, for CPEP, services are furnished by any District-certified Comprehensive Psychiatric Emergency Program provider. Qualified provider staff include clinicians licensed in accordance with applicable District laws and regulations operating within scope of their license, including psychiatrists, psychologists, advanced practice registered nurses (APRNs), and other qualified practitioners authorized under District regulations.

Upon approval of the waiver implementation plan, for PRCSS, services are furnished by any District-certified psychiatric residential crisis stabilization provider.

Substance Use Disorder (SUD): The District must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding credentials of staff for residential treatment settings. The District must conduct an assessment of the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under this demonstration, including those that offer MAT.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): All residential services require some form of initial assessment for treatment planning purposes.

Mental Health (MH): For the SMI/SED Implementation Plan, the District has elected to use the "Level of Care Utilization System" (LOCUS) level of care assessment tool to ensure that services to adults are individualized, clinically appropriate, and least restrictive. The LOCUS assists in determining the appropriate level of care and treatment interventions are based on individualized clinical assessments. LOCUS evaluations must be used at intake, during treatment plan development, when a consumer is in crisis, and when a level of care change is needed.

For Psychiatric Residential Treatment Services, the total length of stay will be determined by medical necessity and reviewed by the District or its assignee for clinical appropriateness.

Substance Use Disorder (SUD): The District must assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other assessment and placement tools that reflect evidence-based clinical treatment. The District must establish a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): For psychiatric residential treatment services, assessments of the individual's social, emotional, and medical needs are covered Section 1115 waiver services.

For Psychiatric Residential Crisis Stabilization Services, a comprehensive nursing assessment within 24 hours of admission and the development of treatment and discharge plans upon admission are covered Section 1115 wavier services.

Substance Use Disorder (SUD): For residential SUD treatment services, an initial assessment/diagnostic and the development of a plan of care are covered Section 1115 waiver services.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): Upon approval of the waiver implementation plan, for Transition Planning Services, component services will include: (i) Assessment; (ii) Development of a service plan; and (iii) Care coordination and case management.

Mental Health (MH): Upon approval of the waiver implementation plan, for Psychiatric Residential Treatment Services, covered component services include: (i) Assessments of the individual's social, emotional, and medical needs; (ii) Therapeutic interventions; (iii) Psychiatric interventions; (iv) Non-hospital care in a structured 24-hour monitored environment for individuals whose mental health needs cannot be met in an outpatient setting; and (v) Comprehensive Transitional Care Coordination.

Upon approval of the waiver implementation plan, for CPEP, covered services include: (i) Brief Psychiatric Crisis/Emergency Visit; (ii) Twenty-Three-Hour Psychiatric Crisis/Emergency Visit;

and (iii) Extended Observation Psychiatric Crisis/Emergency Visit. This interaction includes a mental health diagnostic assessment, and, if necessary, treatment activities including prescribing or administering medication, and evaluation and monitoring for treatment effectiveness.

Upon approval of the waiver implementation plan, for PRCSS, covered component services include: (i) Psychiatric services, necessary to assess, treat, medicate and stabilize residents; (ii) Comprehensive nursing assessment within 24 hours of admission; (iii) Monitoring of patients who pose a threat to themselves or others; (iv) Stabilization and mental health services to address psychiatric, psychological, and behavioral needs; (v) Development of treatment and discharge plans upon admission; (vi) Active treatment and mental health services for stabilization; and (vii) Individual, group counseling or other interventions as required to stabilize the person.

Substance Use Disorder (SUD): Upon approval of the waiver implementation plan, for residential SUD treatment services, covered component services include: (i) Assessment/Diagnostic and Plan of Care Development; (ii) Clinical Care Coordination; (iii) Case Management; (iv) Crisis Intervention; (v) SUD Counseling/Therapy; (vi) Drug Screening; (vii) Medication Management; (viii) Medication Assisted Treatment; and (ix) Withdrawal management.

The District must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding in particular the types of services and hours of clinical care for residential treatment settings. The District must establish a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the District will work to improve care coordination and care for co-occurring physical and behavioral health conditions. For residential treatment services, both case management and care coordination are covered Section 1115 wavier services.

Mental Health (MH): For psychiatric residential treatment services, Comprehensive Transitional Care Coordination is a covered 1115 waiver service.

The SMI/SED Implementation Plan must include a process for the implementation of a process to ensure that residential treatment facilities provide intensive pre-discharge, care coordination services to help beneficiaries transition out of those settings into appropriate community based outpatient services, including requirements that community-based providers participate in transition efforts. There shall also be the implementation of a process to assess the housing

situation of a beneficiary transitioning to the community from residential treatment settings, and to connect beneficiaries who are homeless or who have unsuitable or unstable housing with community providers that coordinate housing services, where available. There shall be a requirement that residential treatment settings have protocols in place to ensure contact is made by the treatment setting with each discharged beneficiary within 72 hours of discharge and to ensure follow-up care is accessed by individuals after leaving those facilities. The District shall also develop strategies to prevent or decrease the length of stay in emergency departments among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers), and to develop and enhance interoperability and data sharing between physical, SUD, and mental health providers, with the goal of enhancing care coordination.

Substance Use Disorder (SUD): For residential SUD treatment services, both case management and clinical care are covered Section 1115 wavier services.

The District must ensure the establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these facilities.

Quality Assurance or Improvement

Mental Health (MH): The SMI/SED implementation plan must describe how the District will ensure quality of care in residential settings. There shall be the establishment of an oversight and auditing process that includes unannounced visits for ensuring participating residential treatment settings meet District licensure or certification requirements, as well as those of a national accrediting entity. There shall be of a utilization review entity to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight to ensure lengths of stay are limited to what is medically. There shall be a process for ensuring that participating residential treatment settings meet federal program integrity requirements and the establishment of a District process to conduct risk-based screening of all newly enrolling providers, as well as revalidating existing providers. Participating residential treatment settings shall be required to screen enrollees for co-morbid physical health conditions and substance use disorders and demonstrate the capacity to address co-morbid physical health conditions during short-term stays in residential or inpatient treatment settings.

Substance Use Disorder (SUD): The District must establish a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other nationally recognized SUD program standards based on evidence-based clinical treatment guidelines.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): Requirements were not explicitly described in the state Medicaid regulations or the Section 1115 waiver.

Location of Medicaid Requirements

DC Department of Healthcare Financing Medicaid Regulations[3]; DC Behavioral Health Transformation[4]. Regulatory data collected January 3, 2020

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services

[3] See https://dhcf.dc.gov/page/dhcf-medicaid-regulations.

[4] See https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=51662.